

Agency Case Number 21-258844		Agency NCIC No. 1210000		<b>GEORGIA MOTOR VEHICLE CRASH REPORT</b>		County RICHMOND		Date Rec. by DOT 9/10/2021	
Estimated Crash Date 9/9/2021 Time 18:47		Dispatch Date 9/9/2021 Time 18:49		Arrival Date 9/9/2021 Time 18:52		Total Number of Vehicles 2 Injuries 0 Fatalities 0		Inside City Of Augusta	
Road of Occurrence I 20 East Not At Its Intersection But Latitude (Y) 33.526907 (Format) 00.00000				At Its Intersection With Of Longitude (X) -82.020148 (Format) -00.00000				<input checked="" type="checkbox"/> Suppl. To Original? <input type="checkbox"/> Private Property? <input type="checkbox"/> Hit And Run?	
Unit # <input checked="" type="checkbox"/> Driver 1 <input type="checkbox"/> Ped <input type="checkbox"/> Bike <input checked="" type="checkbox"/> Susp At Fault		LAST NAME FIRST MIDDLE PERMAR JOSEPH Address 3678 DOE LN		Unit # <input checked="" type="checkbox"/> Driver 2 <input type="checkbox"/> Ped <input type="checkbox"/> Bike <input type="checkbox"/> Susp At Fault		LAST NAME FIRST MIDDLE SMITH GOLDWIRE MELANIE Address 901 COX AVE			
City HAW RIVER State NC Zip 27258 DOB 11/20/1959		City AIKEN State SC Zip 29801 DOB 4/8/1974							
Driver's License No 000038053147 Class A State NC Country USA		Driver's License No 004146224 Class D State SC Country USA							
Insurance Co. INDIANA INSURANCE Policy No. AN-100037-00 Telephone No. 3025406289		Insurance Co. STATE FARM Policy No. 6287260F2040 Telephone No. 8032152325							
Year 2020 Make VOLVO Model TR		Year 2018 Make HONDA Model ACCORD EX							
VIN 4V4NC9EJ6LN259784 Vehicle Color White		VIN 1HGCV1F3XJA114557 Vehicle Color Black							
Tag # 3037244 State IN County Year 2022		Tag # 127JJ State SC County Year 2022							
Trailer Tag # State County Year		Trailer Tag # State County Year							
<input type="checkbox"/> Same as Driver Owner's Last Name AG ENERGY First TRANSPORT Middle		<input checked="" type="checkbox"/> Same as Driver Owner's Last Name SMITH GOLDWIRE First MELANIE Middle							
Address 3522 SOUTH SR 104		Address 901 COX AVE							
City LAPORTE State IN Zip 46350		City AIKEN State SC Zip 29801							
Removed By: C&A <input type="checkbox"/> Request <input checked="" type="checkbox"/> List		Removed By: CHAVOUS <input type="checkbox"/> Request <input checked="" type="checkbox"/> List							
Alcohol Test: No Type: Results: Drug Test: No Type: Results:		Alcohol Test: No Type: Results: Drug Test: No Type: Results:							
First Harmful Event: Motor Vehicle In Motion Most Harmful Event: Cargo/Equipment Loss or Shift Operator/Ped Cond: Not Drinking		First Harmful Event: Motor Vehicle In Motion Most Harmful Event: Motor Vehicle In Motion Operator/Ped Cond: Not Drinking							
Operator Factors: Other		Operator Factors: Driver Lost Control							
Vehicle Factors: Tire Failure Roadway Factors: No Contributing Factors		Vehicle Factors: No Contributing Factors Roadway Factors: No Contributing Factors							
Direction of Travel: East Vehicle Maneuver: Straight Non-Motor Maneuver:		Direction of Travel: East Vehicle Maneuver: Straight Non-Motor Maneuver:							
Vehicle Class: Commercial Motor Vehicle (CMV) Vehicle Type: Tractor/Trailer Vision Obscured: Not Obscured		Vehicle Class: Privately Owned Vehicle Type: Passenger Car Vision Obscured: Not Obscured							
Number of Occupants: 1 Area of Initial Contact: Front End Damage to Vehicle: Disabling Damage		Number of Occupants: 1 Area of Initial Contact: Left Side-Center Damage to Vehicle: Disabling Damage							
Traffic Way Flow: Two-Way Trafficway with a physical barrier Road Composition: Concrete Road Character: Straight and Level		Traffic Way Flow: Two-Way Trafficway with a physical barrier Road Composition: Concrete Road Character: Straight and Level							
Number of Lanes: 4 Posted Speed: 55 Work Zone: Construction		Number of Lanes: 4 Posted Speed: 55 Work Zone: Construction							
Traffic Control: Lanes Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control: Lanes Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Citation Information: Citation # O.C.G.A. § Citation # O.C.G.A. § Citation # O.C.G.A. §		Citation Information: Citation # O.C.G.A. § Citation # O.C.G.A. § Citation # O.C.G.A. §							
<b>COMMERCIAL MOTOR VEHICLES ONLY</b>					<b>COMMERCIAL MOTOR VEHICLES ONLY</b>				
Carrier Name AG ENERGY TRANSPORT					Carrier Name				
Address 3522 SOUTH SR 104 City LAPORTE State Indiana Zip 46350		Address City State Zip							
U.S. D.O.T. # 3151285 No. of Axles 3 G.V.W.R. 26001 or Greater		U.S. D.O.T. # No. of Axles G.V.W.R.							
Cargo Body Type Cargo Tanker Vehicle Config. Tractor Trailer <input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate Fed. Reportable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type Vehicle Config. <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No							
C.D.L. ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L. ? <input type="checkbox"/> Yes <input type="checkbox"/> No C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Vehicle Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Hazmat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If YES: Name or 4 Digit Number from Diamond or Box: One Digit Number from Bottom of Diamond:					If YES: Name or 4 Digit Number from Diamond or Box: One Digit Number from Bottom of Diamond:				
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units					<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units				

## COLLISION FIELDS

Manner of Collision: Angle

Location at Area of Impact: On Roadway - Non-Intersection

Weather: Clear

Surface Condition: Dry

Light Condition: Daylight

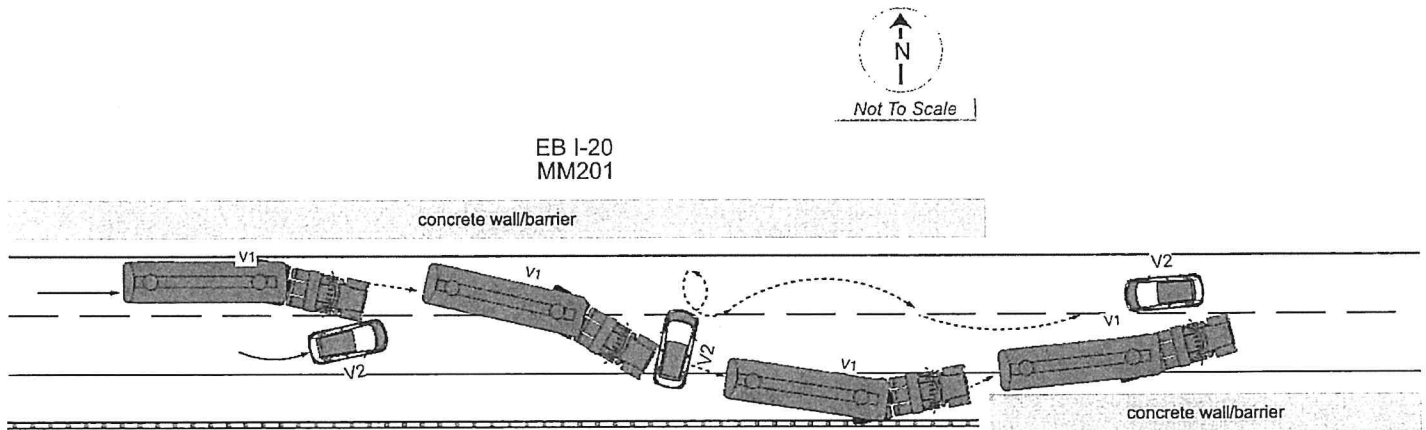
## NARRATIVE

V1 and V2 were traveling east on I-20 at MM201, V1 in the left lane and V2 in the right lane. The driver of V1 stated his right front tire blew out causing the truck to swerve and V2 lost control which collided with the front of his truck. The driver of V1 stated as he braked, V2 spun in the roadway as V1 hit the guard rail on the right side on the interstate. V2 became engulfed in flames, V1 driver stated he then jumped from his truck to remove the driver of V2 to safety.

The driver of V2 stated as she was traveling next to V1 she heard a loud bang and something white flew past her vehicle (piece of V1 fender) and a large piece of tire struck her vehicle which caused her to lose control. The front of V1 struck the left center/near front of V2.

The driver of V1 is at fault for the accident for tire failure, faulty equipment. Augusta Fire/EMS, North Augusta Fire and Belvedere Fire responded to scene as well as GSP motor carrier safety and North Augusta public safety. No violations found in report obtained by GSP motor carrier, MC03 Thompson, BWC active.

## DIAGRAM



## PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle:

Owner:

## WITNESS INFORMATION

Name (Last, First)

Address

City

State

Zip Code

Telephone Number

OCCUPANT INFORMATION										
1	Name (Last, First): PERMAR, JOSEPH					Address: 3678 DOE LN HAW RIVER, NC 27258				
	Age: 61	Sex: Male	Unit # 1	Position: Front Seat-Left Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Not Ejected	Extricated: No	Air Bag: Non-Deployed Air	Injury: No Apparent Injury (O)	Taken for Treatment: No
	Injured Taken To:		By:		EMS Notified Time: 09/09/2021 18:47		EMS Arrival Time: 09/09/2021 19:00		Hospital Arrival Time:	
2	Name (Last, First): SMITH GOLDWIRE, MELANIE					Address: 901 COX AVE AIKEN, SC 29801				
	Age: 47	Sex: Female	Unit # 2	Position: Front Seat-Left Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Not Ejected	Extricated: No	Air Bag: Non-Deployed Air	Injury: No Apparent Injury (O)	Taken for Treatment: No
	Injured Taken To:		By:		EMS Notified Time: 09/09/2021 18:47		EMS Arrival Time: 09/09/2021 19:00		Hospital Arrival Time:	
3	Name (Last, First):					Address:				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
4	Name (Last, First):					Address:				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
ADMINISTRATIVE										
Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					By:					
					Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404) 635-2963.					
Report By:		Agency:		Report Date:		Checked By:		Date Checked:		
ATKINS-THIGPEN, ASHLEY		Richmond Co Sheriff's Office		09/10/2021 04:06		Benson, Chuck		9/13/2021		